

06-23-06

RCE
174
CC

Express Mail Label No.: EV 669114445 US

Atty. Dkt. No. 351325-0102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Saragovi et al.

Title: Compound Targeted For
Specific Cells With Reduced
Systemic Toxicity

Appl. No.: 10/600,623

Appl. Filing Date: 6/20/2003

Examiner: Brandon J. Fetterolf

Art Unit: 1642

Confirmation Number: 7195

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 669114445 US (Express Mail Label Number)	June 21, 2006 (Date of Deposit)
Devora L. Gavel (Printed Name)	
 (Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

06/26/2006 MAHME1 00000046 10600623

01 FC:2801
BOST_205455.1

395.00 OP

-1-

☐ Please enter and consider the amendment and/or reply previously filed on __.

☐ Please consider the Affidavit(s)/Declaration(s) previously filed on __ but not considered.

b. Enclosed are:

☒ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☒ Information Disclosure Statement.

☒ Form PTO-1449 with copies of 14 listed reference(s).

☒ PTO-2038 Credit Card Authorization Payment Form in the amount of \$635.00 which includes the \$395.00 RCE Filing fee, \$60.00 Extension of Time fee and the \$180.00 fee for submission of Information Disclosure Statement after Receipt of First Office Action. The Applicant is a small entity.

☒ Return Receipt Postcard.

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of __ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	3	- 34	= 0	x \$50.00	= \$0.00
Independents	1	- 5	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00

CLAIMS FEE TOTAL: = \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE SUBTOTAL:		\$120.00
EXTENSION FEE ALREADY PAID: -		\$0.00
EXTENSION FEE TOTAL		\$120.00
CLAIMS AND EXTENSION FEE TOTAL:		\$910.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$455.00
Submission of an Information Disclosure Statement after First		
<input type="checkbox"/> Office Action 1.17(p)		\$180.00
TOTAL FEE:		\$635.00

A credit card payment form in the amount of \$635.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-3431 Ref. No. 351-0102. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-3431 Ref. No. 351-0102.

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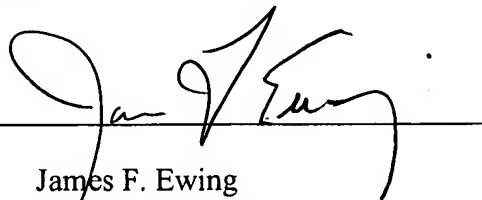
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 21, 2006

FOLEY & LARDNER LLP
Customer Number: 48329
Telephone: (617) 342-4088
Facsimile: (617) 342-4001

By

A handwritten signature in black ink, appearing to read 'James F. Ewing', is written over a horizontal line.

James F. Ewing
Attorney for Applicant
Registration No. 52,875